

September 4, 2015

TO: ALL POTENTIAL OFFERORS

RE: RFP 4811-0-2016, Ryan White Technical Assistance and Consultant Services, Addendum 1

Due: September 23, 2015 at 2:00 p.m. Prevailing Eastern Time

The above referenced RFP is hereby clarified and amended to include the following revisions to the solicitation documents:

1. Does the program currently collect data that explains reasons for why program clients are "loss to follow-up", or client-level indicators on perceptions about the program?

R: Yes. Loss to follow-up is down for Medical Case Management and Early Intervention Services. Client-level indicators on perceptions about the program is done for all funded services.

- Does the program provide services and collect data on client education about HIV/AIDS?
 R: Norfolk TGA does fund services specifically for client education; however, education and health literacy services are part of all funded services.
- 3. Does the program currently collect data on staff indicators of success and barriers to care?

R: Yes

- 4. Peer Review
 - a. Objective A, Task One, please describe expected level of effort for peer review. Will professionals be required to review case management documentation and data to determine appropriate service delivery or treatment, to validate that stated standards are met, and/or will the professionals review standards to provide recommendations for change or improvement?

R: Yes. We are asking that the selected offeror use professional (i.e. doctors, nurses, social workers, licensed counselors, dentist, etc.) for all peer reviews including medical case management services.

- b. Does the medical peer reviews include medical record abstraction and evaluation of treatment plans against specific practice protocols?
 - R: Yes, the Public Health Standards as well as the HAB Performance Measures.
- 5. How will the analysis outcomes from Task Two of Objective A be used to inform the core measures of Task One of Objective A for overall program QM evaluation?

R: The outcome data from the peer reviews will be used to develop improvement opportunity plans that enhance the care and services delivered to PLWHAs.

6. How do TGA core measures align with the targets set forth in the National HIV/AIDS Strategy located at https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/?

R: The TGA strives to support the three primary goals of the NHAS to reduce the number of people who become infected with HIV, increasing access to care for PLWH, and reduce HIV-related health disparities.

7. What has TGA currently done to address data quality and HAB performance measures? https://careacttarget.org/library/data-quality-why-it-matters

R: HAB performance measures are built in to the standards of care, Providers are given annual training through Learning Collaboratives, one-on-one on both data quality and HAB performance measures.

8. The Objective A, Task One, of the RFP states that the TGA's standards of care can be found at: http://ghrplanningcouncil.org/index.html. The page does not appear to display a link for the standards of care. Please provide the specific link.

R: At this time the TGA's standards of care are being revised and will be uploaded on the website accordingly.

9. Regarding Objective A, Task One, will the review require that the contractor review case (medical and other) records for the full program population for each site or a representative sample of the program client population?

R: A representative sample of the program's client population is acceptable as long as there is a written methodology that determines sample size.

10. Comparatively and using the Ryan White Services Report data submitted to HRSA/HAB, how have the TGA grantees already addressed quality improvement and performance based evaluation in the last 18 to 24 months.

R: The TGA has provided Quality Improvement Learning Collaboratives for Part A Providers as well as

11. Can the TGA provide information on how it has addressed imperative HIV and health outcomes necessary in achieving an AIDS-free generation to date?

R: The information requested is not pertinent to the tasks asked in the RFP.

12. Can the TGA provide information on what information is currently available on successes and challenges relating to continuum of care?

R: The information requested is not pertinent to the tasks asked in the RFP.

13. Can the TGA provide results of ongoing progress from the Needs Assessment Survey addressed this time last year?

R: The information requested is not pertinent to the tasks asked in the RFP.

14. Can the Agency provide additional key stakeholders, partners, or shareholders that participate in supporting the efforts of providing core and related support services to HIV/AIDS clients? This may include provider stakeholders, other organizations and facilities, client-based organizations, and/or faith-based organizations at the local jurisdiction levels.

R: Our key stakeholders include: Greater Hampton Roads HIV Planning Council, Ryan White Part A Providers, Consumers, Ryan White Part B, Ryan White Part C

15. Will the government post the notes from the Bidders' Conference?

R: Notes were not recorded.

(Offeror)

16. Will the notes from the Bidders' Conference include other attendees?

R: Training Resources Network, Inc. (Offeror) Marsha Butler, City of Norfolk Jacquelyn Wiggins, City of Norfolk Beth Dooley, City of Norfolk

All other provisions of the RFP shall remain unchanged. The provisions, herein, shall become part of the RFP package, and offeror shall acknowledge receipt of the addendum by signing in the space provided below and returning it with your proposal.

Sincerely,				
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Danny Hawk	Th	au	~	
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Procurement Spe	ecialist			

Signature: